MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE					
	RTMENT	OF PU	Registration District No	STATE FILE NUMBER	
DO NOT WRITE ON THIS STUB	AMENI	DED	= 11 E D 14N 14 1963		
VS 300		g	1. PLACE OF DEATH a. COUNTY Jackson 2. USUAL RESIDENCE (Where decendance) a. STATE Missouri b. COU	used lived. If institution: Residence before UNTY Jackson admission)	
Rev. 4/59	2	seq	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR OR Tr. OR OR Tr. OR OR Tr. OR Tr. OR Tr. OR Tr. OR OR Tr.	Inside Limits	
, 1	AMENDED	-02 ecea	TOWN Kansas City 58 yrs TOWN Kansas City	1,44267 110 []	
	u	g g	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If of HOSPITAL OR INSTITUTION Hyde Park Nursing Home Yes & No ADDRESS 1141 Valent	cutside, give location) Reside on Ferm	
22 468	PAT S	il I	HOSPITAL OR Hyde Park Nursing Home Yes M No ADDRESS 1141 Valent	ine Road Yes NoX	
3		te of	3. NAME OF DECEASED First Middle Last 4. DATE OF OF DEATH D	Month Day Year December 26, 1962	
4 0		ca		irthday) IF UNDER 1 YEAR IF UNDER 24 HR	
5 1		Ŀ	Male White Widowed Divorced 1-1-1-1890- 72-67	Months Days Hours Min.	
		다	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHLACE (City and state or	country) 12. CITIZEN OF WHAT COUNTRY	
6	\$	9	Cwiler (Retired) Restaurant Greece	USA	
7 2		0		ME OF HUSBAND OR WIFE Sie Nichols	
8 1		1 th	James Nichols Maria (Unknown) Bes	Address	
	₹	bir	(Yes, no or unknown) (If yes, give war or dates of service) Wife	home	
9332X	ן צַּ	I'	1 18. CAUSE OF DEATH (Enter only one cause per line fo	INTERVAL RETWEEN	
10	:\ d	l la	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Celebral Thrombosis	ONSET AND DEATH	
11	4D OF -1890		IMMEDIATE CAUSE (a) Ultra Common Comm		
11 (NSTEAD	DOCUMENT	Conditions, if any,) DUE TO (b) Server hard allacosette	enery ?	
1207	NSTE/		which gave rise to above cause (a),		
13	-		stating the under- lying cause last. DUE TO (c)		
1	5	F O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days	
		(wife	CA	☐ Yes ☐ No ☐ Unknown	
	- Awein Division	11	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the ferminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO B	injury in PART I or PART II of item 18.)	
· z	Ē	chols	20c. TIME OF Houl Month, Day, Year INJURY e.m. p.m.		
_ ≅	⁵	ic	p.m.		
USE BLACK INK OR PEWRITER RIBBON		e Ni	20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WO	COUNTY STATE	
S K H		Bessi	21. I attended the deceased from 9/3/62 to 12/36/62 and last saw him ali	12/24/62	
8 E	REAL 1895	ĕ	21. I attended the deceased from	, , , , , , , , , , , , , , , , , , ,	
# ₹		1 1	22a. SIGNATURE (Degree or title) 22b. ADDRESS	22c. DATE SIGNE	
USE BLACK OR TYPEWRITER	3HOULD	VIT OF	= Jullana M.D. 1401 S W Bloom	PKC14 12/28/62	
- {			ESS. BURIAL, CREMATION, 236 DAE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C		
	9	AFFIDA	Burial 12-27-1902 Forest Hill Commodity Harisan C.	ity, Missouri	
•	الالسا		24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECT	RAR'S SIGNATURE	
	E ·] <u>}</u>	Mellody-McGilley-Eylar 20 W. Lillwood /2-28-62 /	with Long	
			(Licensed Embalmer's Statement on Reverse Side)	σ	

or by	ose name is recorded on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	
StudentSignature of Student Embalme	signed Layor F. Weckmon
	Licensed Embalmer No. 5/20
Specific Control Control	P. O. Address KC 11, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complyi with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwiiting!

If this body is not embalmed, fact should be so stated above.